



IN THE UNITED STATES OF AMERICA  
PATENT AND TRADEMARK OFFICE

APPLICANTS: Stuart Gilly, et al.

FILING DATE: Sept. 8, 2003

SERIAL NO.: 10/657,396

ART UNIT: 3723

TITLE: Wheel Spinner Assembly

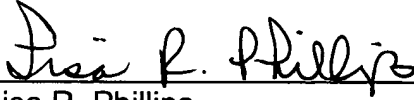
**CERTIFICATE OF MAILING**

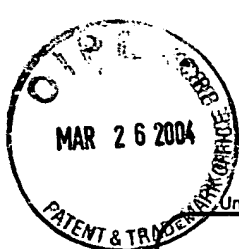
Date of Deposit: March 23, 2004

I hereby certify that the following attached papers and/or fees:

- Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (3 pages, one for each inventor); and
- Stamped, return postcard

are being deposited under 37 CFR 1.08 with the United States Postal Service on the date indicated above in an envelope addressed to Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

  
\_\_\_\_\_  
Lisa R. Phillips

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/657,396
Filing Date	09/08/2003
First Named Inventor	Stuart Gilly
Art Unit	3723
Examiner Name	
Attorney Docket Number	

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

33222

☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number:**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Robert C. Tucker				
Address	Jones, Walker, Waechter, Poitevent, Carrere & Denegre, LLP				
Address	8555 United Plaza Blvd., 5th Floor				
City	Baton Rouge	State	Louisiana	Zip	70809
Country	USA				
Telephone	(225) 248-2098	Fax	(225) 248-3098		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Stuart Gilly		
Signature			
Date	3/22/04	Telephone	413-4282

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

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Name	Gary Casemore		
Signature			
Date	3/18/2004	Telephone	225-293-9402

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**SIGNATURE of Applicant or Assignee of Record**

Name	Lee Alan Haynes, Jr.		
Signature			
Date	3-16-04	Telephone	413-2341

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